ENTRY BL	ANK	
PLEASE TYPE	OR PRINT	Entered previous May Show
Ms.  Mr. Artist	NINA	yes no
Permanent Address	MAIN Street	(Last Name Last)  T. GATES MILL  City
44040	Tel. ( )	423-3493
Zip Temporary Address	Area Code	
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Zip	Tel. ( )	
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Born in Cuyah	oga County 🖂 🗅	res Ler No
Collaborator _	(If Anv)	
Artist will  Museum sh	ntries are not accep pick up at Museun nould dispose of,	
		structions or a drawing of how I displayed.
	IED CARD IS YOU ES. Do not lose it.	JR ONLY RECEIPT TO CLAIM

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Thine

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1975 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

Please keep address within this box for window envelope.

Name	NINA BASS		
Address	P.O. BOX 33 - MAN ST.		
City & State	BATES MRLS, O ZID 44040		

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

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